

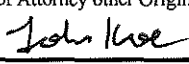
U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF JOHN KOE		COURT CASE NUMBER 1:22-cv-1455-DAP	
DEFENDANT UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.		TYPE OF PROCESS SUMMONS AND COMPLAINT	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER, C/O ACFB INCORPORATED		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 PUBLIC SQUARE, STE 2300, CLEVELAND, OH 44144		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 2	
JOHN KOE PO BOX 527 NOVELTY OH 44072-0527		Number of parties to be served in this case 2	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 330-732-5001	DATE 11/04/2022
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy

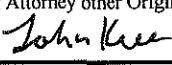
Service Fee _____	Total Mileage Charges (including endeavors) _____	Forwarding Fee _____	Total Charges _____	Advance Deposits _____	Amount owed to U.S. Marshal* or (Amount of Refund*) _____
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REMARKS

U.S. Department of Justice  
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Name and title of individual served (if not shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	
REMARKS			